

# CERTIFICATE OF AMENDMENT DOMESTIC STATUTORY TRUST

Office of the Secretary of the State  
30 Trinity Street / P.O. Box 150470 / Hartford, CT 06115-0470 / Rev. 03/01/2001

Space for Office Use Only

**Filing Fee: \$60.00**

**1. NAME OF STATUTORY TRUST:**

**2. THE DATE OF FILING OF THE ORIGINAL CERTIFICATE OF TRUST:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**3. THE CERTIFICATE OF TRUST IS (choose one of the following):**

\_\_\_ **Amended**

\_\_\_ **Amended and Restated** (Please set forth amendments below and attach restated certificate)

\_\_\_ **Restated** ( Please attach restated certificate)

**4. TEXT OF EACH AMENDMENT:**

**5. EXECUTION BY TRUSTEE:**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**Type or print name of signing trustee**

**Signature**

Reference an 8 1/2 X 11 attachment if additional space is required